

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>005034</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/11/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>INDIANA UNIVERSITY HEALTH WHITE MEMORIAL HC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>720 SOUTH SIXTH ST MONTICELLO, IN 47960</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>INITIAL COMMENTS</p> <p>This was a State hospital complaint investigation.</p> <p>Complaint: #IN00167811 Unsubstantiated; lack of sufficient evidence. Unrelated deficiency is cited.</p> <p>Facility Number: 005034</p> <p>Survey Date: 06/11/2015</p> <p>QA: cjl 07/06/15</p>	S 000		
S 322	<p>410 IAC 15-1.4-1 GOVERNING BOARD</p> <p>410 IAC 15-1.4-1(c)(6)(H)</p> <p>(c) The governing board is responsible for managing the hospital. The governing board shall do the following: (6) Require that the chief executive officer develops policies and programs for the following:</p> <p>(H) Requiring all services to have policies and procedures that are updated as needed and reviewed at least triennially.</p> <p>This RULE is not met as evidenced by: Based on document review and interview, the facility failed to follow their grievance policy for 1 of 1 complaints/grievances for 1 of 5 patients reviewed (#N2).</p> <p>Findings included:</p>	S 322		7/10/15

Indiana State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>005034</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/11/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>INDIANA UNIVERSITY HEALTH WHITE MEMORIAL HC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>720 SOUTH SIXTH ST MONTICELLO, IN 47960</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 322	<p>Continued From page 1</p> <p>1. The facility policy "Complaint/Grievance-Handling of Patient", effective November 2014, indicated, "Grievance: A complaint, whether it is verbal or written, ...Patient and/or patient representative calls or writes to the hospital after discharge about concerns related to care or services during their stay. All post-discharge 'complaints' are grievances, except for billing issues. ...The patient/patient representative will be notified that a response to the complaint now a grievance will be issued within three (3) days. ...Written responses will be coordinated by the Risk Manager. All grievances shall have prompt written response within three (3) days if possible, depending upon the nature of the grievance. For grievances requiring extensive investigation (beyond 3 days), the grievant will be notified in writing by the Risk Manager that a response should be received within 30 days if at all possible. ...As part of the final resolution of a grievance, the written response will provide the patient with a notice of the decision that also contains the CEO's contact information, the steps taken on behalf of the patient to investigate the grievance, the results of the grievance process and date of completion. ...A written response should be sent to the patient even if the appropriate staff members met with the patient/patient representative and resolved the grievance during the discussion. ...Occasionally, all efforts to resolve a grievance to the patient/patient representative will fail. The grievance process may be closed after the hospital has taken reasonable and appropriate actions to resolve the grievance."</p> <p>2. Review of the facility's complaints/grievances for five patients reviewed indicated a verbal complaint from the family member of patient #N2 after discharge from the ED (Emergency</p>	S 322		

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>005034</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/11/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>INDIANA UNIVERSITY HEALTH WHITE MEMORIAL HC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>720 SOUTH SIXTH ST MONTICELLO, IN 47960</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 322	<p>Continued From page 2</p> <p>Department). On 02/17/15, the family member came to the facility and met with staff member #1, the Director of Quality, and #3, the Chief Nursing Officer and voiced his/her complaint. Staff member #1 indicated he/she apologized to the family and sent the concern to the Risk Manager, staff member #5, and the ED Medical Director, MD1. On 02/18/15, MD1 indicated he/she had investigated the ED visit and care and called the family member and discussed that the work up was appropriate and very thorough. MD1 indicated, "We agreed to disagree that [patient] met criteria for admission.". On 02/20/15, staff member #4, the ED manager, indicated he/she reviewed the chart from a nursing standpoint and did not see any indication in the charting that the patient had been misdiagnosed at any time of the treatment. On 02/24/15, staff member #5 documented that the family member was still upset and he/she offered not to bill for the balance not covered by insurance.</p> <p>3. At 12:30 PM on 06/11/15, staff member #1 indicated no written response or final resolution letter could be found and he/she felt the facility just considered the it a complaint since the family member discussed the issue with the physician and "agreed to disagree". He/she confirmed the issue met the policy definition of a grievance and written documentation should have been provided to the patient/patient representative.</p>	S 322		